

**The Perception of Parents in Zvishavane, regarding Barriers Preventing them from  
Engaging with their Children on HIV/AIDS Issues.**

by  
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## **DECLARATION**

By submitting this assignment electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the sole author thereof (save to the extent explicitly otherwise stated), that reproduction and publication thereof by Stellenbosch University will not infringe any third party rights and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

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## **ABSTRACT**

### **Background**

The reason that this study was conducted was to establish the possible barriers preventing parental involvement with their children in relation to HIV/AIDS issues. According to the findings, some highly populated urban and rural settlements are hardest hit by the HIV/AIDS epidemic (UNAIDS/WHO, 2003: 225). This fact explains in part the choice by the researcher, of Mandava Township, in Zvishavane, Zimbabwe as a focus for this study.

### **Results**

The study can be said to have provided useful baseline information regarding the level of parental involvement with regards to communicating with their children on issues pertaining to HIV/AIDS. Several factors are mentioned as possible reasons that hinder parental involvement in communicating with their children on HIV/AIDS issues. Although the data obtained points to the fact that the respondents showed that they were quite aware of the advantages of prevention knowledge, the actual results show that there is still a need to further educate people, parents in particular, on the positive impact of parents engaging with their children on matters regarding HIV/AIDS. It was established in the study that in a sample of (n = 75) participants selected 32.2 %, often talked to their children about issues concerning HIV/AIDS. However a high percentage, 33.3 %, seldom engaged in dialogue with their children on this issue, and about 34.4 % indicated that they have not attempted to be involved with their children in communicating with their children about HIV/AIDS issues.

### **Conclusion**

The researcher has come to the conclusion, that while the parents, as the custodians of these children, have been diligent in the upbringing of their children, they need to purposefully inculcate their children with values that will help prevent the spread of HIV/AIDS. In so doing, they will win the fight against the spread of the disease. The battle could be won by encouraging parents to become actively involved in communicating with children about HIV/AIDS matters. It is the hope of the researcher that the findings of this research will also address existing gaps in overcoming barriers to parental involvement on the issue of HIV/AIDS.

## OPSOMMING

### Agtergrond

Die rede is dat hierdie studie is die moontlike hindernisse voorkom ouerlike betrokkenheid by hul kinders in verhouding tot MIV / vigs vraagstukke te vestig. Volgens die bevindings, 'n paar hoogs bevolk stedelike en landelike nedersettings word hardste getref deur die MIV / vigs-epidemie (UNAIDS / WHO, 2003 225). Hierdie feit verduidelik in die deel van die keuse deur die navorser, van Mandava Dorp, in Zvishavane, Zimbabwe as 'n fokus vir hierdie studie.

### Resultate

Die studie kan gesê word dat dit nuttig basislyn inligting oor die vlak van ouerbetrokkenheid met betrekking tot kommunikasie met hul kinders oor kwessies wat verband hou met MIV / vigs verskaf. Verskeie faktore word genoem as moontlike redes wat verhinder ouerbetrokkenheid in kommunikasie met hul kinders oor MIV / vigs kwessies. Alhoewel die data wat verkry is dui op die feit dat die respondente het getoon dat hulle was baie bewus van die voordele van die voorkoming van kennis, die Actuarial resultate toon dat daar steeds 'n behoefte om verder te voed mense, ouers in die besonder, op die positiewe impak van die ouers om met hulle kinders oor sake rakende MIV / vigs. Dit is gestig in die studie wat in 'n monster ( $n = 75$ ) deelnemers gekies 32,2%, wat dikwels gepraat met hul kinders oor kwessies rakende MIV / vigs. Maar 'n hoë persentasie, 33,3%, selde betrokke is in gesprek met hul kinders oor hierdie kwessie, en oor 34,4% het aangedui dat hulle nie probeer om met hul kinders betrokke te wees<sup>69</sup> in die kommunikasie met hul kinders oor MIV / vigs kwessies.

### Gevolgtrekking

Die navorser het tot die gevolgtrekking gekom dat, terwyl die ouers, as die bewaarders van hierdie kinders, is ywerig in die opvoeding van hul kinders, wat hulle nodig het om hul kinders doelgerig skerp met waardes wat sal help om die verspreiding van MIV / vigs. Deur dit te doen, sal hulle die stryd teen die verspreiding van die siekte te wen. Die stryd kan gewen word deur die aanmoediging van die ouers aktief betrokke in die kommunikasie met kinders oor MIV / Vigs-aangeleenthede te word.

Dit is die hoop van die navorser dat die bevindinge van hierdie navorsing ook bestaande gapings sal aanspreek in die oorwinning van struikelblokke te oerbetrokkenheid op die kwessie van MIV/vigs.

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May the loving God bless you all.

## **LIST OF ACRONYMS**

AIDS	Acquired Immune Deficiency Syndrome
CSO	Central Statistical Office
GDP	Gross Domestic Product
MOHCW	Ministry of Health and Child Welfare
PASS	Parliamentary Assessment Study Survey
WHO	World Health Organization
UNAIDS	Joint United Nations Programme on HIV/AIDS

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## *Chapter One*

### **1. Introduction**

#### Background

Some parents are finding it increasingly difficult to engage themselves in discussions with their children on issues concerning HIV/AIDS education. The current levels of the HIV/AIDS epidemic demand that parents talk about the epidemic, otherwise they risk seeing their children wiped out by the disease.

The decision by an individual parent to engage in an open discussion with their children on issues concerning HIV/AIDS may be influenced by a number of factors, of which some may be due to individual beliefs or societal or cultural beliefs, which act as impediments to such dialogues.

Open discussions about HIV/AIDS may provide psychological support to people who might be battling with certain issues concerning HIV/AIDS. Discussions on HIV/AIDS may also provide an opportunity for both children and parents to share information, trust and motivation, which may encourage modifications of sexual behavior and which could, in turn, result in the reduction of the risk of contracting HIV.

This research was conducted in an endeavor to establish possible factors that could be perceived to be barriers to parental involvement in the discussion of HIV/AIDS education with their children. The study was conducted in Zvishavane, Zimbabwe, which contains highly populated townships such as Mandava, which has a high HIV incidence rate among adolescents (Musiyiwa, 2010). This explains the reason why the researcher chose Mandava Township to conduct the research regarding engagement of parents with their children on matters of HIV/AIDS. The researcher also intended to explore the possible existence of barriers that would be preventing the effectiveness of the parental engagement in such dialogues with their children.

The barriers to parental involvement, particularly of the fathers, in the dissemination of HIV/AIDS education to their children, has been found to arise from different possible causes ranging from cultural roles and expectations to socio-economic effects (Musiyiwa, 2010). There are several roles that fathers play at family and community level. Some of these roles may conflict with the roles that fathers, as parents, may be expected to play in the fight against the transmission and spread of HIV/AIDS. At the same time, there are also certain cultural factors that have been mentioned in the research findings, as hindering the free flow of dialogue between mothers and their grown-up children, sons in particular (Pequentgnat *et al.*, 1997).

One of the findings was that, from a black African cultural point of view, it has always been considered unacceptable for parents to sit down casually and enter into discussions with their children on issues pertaining to sexuality and HIV/AIDS (Tenkorang & Obeng, 2012). This cultural thinking, as a stand-alone factor, is a serious possible barrier to the role parents may play in engaging in meaningful dialogue with their children on issues pertaining to increasing awareness about HIV/AIDS and the fight against its spread.

The research has shown that the role of parental involvement in HIV/AIDS education makes a significant contribution in the prevention and reduction of HIV/AIDS among adolescence. The following may be cited as some of the roles of parental involvement in HIV/AIDS education of their children: effective communication about their children's sexuality; safer sexual behavior; moral, social and academic support.

Parents are expected by society to be role models, to lead by example, and to monitor children's peer activities (Kouinche *et al.*, 1998). Findings from this research show that such parental roles are not being practiced by most parents especially in countries in sub Saharan Africa (SSA), India and other parts of the world where poverty and prohibitive cultural practices are still rife. Research shows that South Africa is one of the counties in SSA that has also been affected by the non-involvement of parents in HIV/AIDS issues (Rijsdijk *et al.*, 2011). Parental involvement in HIV/AIDS education of their children to increase the level of HIV/AIDS awareness to young people, if this knowledge is to impact positively on their sexual behavior. Studies show that beliefs and misconceptions about HIV/AIDS transmission, the level of HIV/AIDS knowledge,

traditional values and norms, and the culture of silence can be considered to be very serious barriers to parents' involvement in the HIV/AIDS education of their children (Hosegood *et al.*, 2007: 1249; Jama *et al.*, 2012: 36).

Research however also shows that the well-meaning intentions of sexuality communication and education has been unable to yield significant positive results in the reduction of HIV/AIDS incidence rates among young people (ATACMAG, 2011). Hence, this may explain the fear and resistance of some parents to embrace HIV/AIDS awareness education. The danger is of course that young people may become exposed to the knowledge of sexuality before they mature into adulthood (Kouinche *et al.*, 1998: 109).

### **1.1 Background of Zvishavane**

Zvishavane is a mining town located in Midlands Province of Zimbabwe. The main economic engines that drive life in the mining town are mining of asbestos and the farming of cash crops such as cotton, sunflowers, maize, sorghum and vegetables. Zvishavane is surrounded by a number of commercial farms.

Illegal gold panning has emerged in recent times as another source of livelihood for the residents of this densely populated town. The name Zvishavane comes from the surrounding mountain ranges. "Zvishava" refers to the red soils of the mountains around Zvishavane town. Until 1983 the town was called Shabani. Shabane Mine, which is now called Shabane – Mashaba Mines (after its amalgamation with Mashaba Mine), built residential houses for its workers and managed to construct a number of residential townships, of which Mandava high density residential township is one.

#### **1.1.1 Population**

Mandava is very popular and the largest high density residential township in Zvishavane. According to the Zimbabwe Central Statistical Office (CSO) 2002 report, Zvishavane has a population of 52 734 of which 27 815 (52.7%) are women and 24 919 (47.3%) are men. Statistically women dominate in numbers over men, and most households are headed by females (The Zimbabwe Poverty Assessment Study Survey Summary (PASS), 2003 Report).

### **1.1.2 Education**

There are seven secondary schools and twelve primary schools in Zvishavane. The government of Zimbabwe introduced free education at primary level and District Councils responded to government's call for the empowerment of people, by building secondary schools which were initially called Upper Tops. All rural areas surrounding Zvishavane have these Upper Tops, which have all been upgraded to formal secondary schools.

The 2002 Zimbabwe Census Report states that literacy level in Zvishavane is significantly high, with a high literacy rate of 95% (Zimbabwe Census Report, 2009). The report by the Zimbabwe Parliament Research Department, 2009, established that 3.72 % of the population in Zvishavane attend early education, those attending primary education are about 68 %, in secondary education were estimated at 28 % and those who were in tertiary were 0.28 %.

Conducting this research in English was not a challenge at all because the educational level of most residents of Zvishavane like in most part of Zimbabwe is high since most people can at least read and write in English.

### **1.1.3 HIV prevalence in Zvishavane District**

According to a report by the Zimbabwe Ministry of Health and Child Welfare (MOHCW), 2008, statistics show that Zvishavane district stands out as one that is most affected by the HIV/AIDS epidemic in Zimbabwe (MOHCW, 2008: 112). The high HIV prevalence rate in Zvishavane is mainly due to the migrant nature of the economy (Murimba, 2009: 12). Many people come from other towns and districts to seek employment opportunities in the mining town, others come to sell their farm produce, whilst some are illegal gold panners, cross-border traders and those seeking markets for their hand-craft products such as brooms (*mitsvairo*), mats (*mhasa*) and baskets.

Manyumwa, 2012, cites the Zimbabwe Demographic Health Survey (ZDHS), 2005 – 2006, stating that, despite the fact that there was a notable decline in the prevalence rate of HIV in Zimbabwe from 33.7 % in 2001 to 13.7 % in 2009, the adult HIV prevalence rate in the district of Zvishavane remained the highest in the country at about 16 % (Manyumwa, 2012: 24). The



Oxfam report, 2005, also confirms that Zvishavane district has the highest HIV prevalence rate in Zimbabwe and that poverty in the surrounding rural areas is high due to chronic drought.

## **1.2 Motivation for the Study**

The Joint United Nations Programme on HIV/AIDS (UNAIDS) (1999) states that of the 33 million people infected with HIV/AIDS in the entire world, an estimate of about one third is actually young people whose ages range from fifteen to about twenty-four. This would, in part, explain why the study on the involvement of parents in discussing HIV/AIDS with their children is of significance in an endeavor to bring the spread HIV/AIDS under control.

## **1.3 Statement of the problem**

The involvement of parents in communicating with their children on HIV/AIDS issues can play a significant role as a means of intervening in the fight against the spread of HIV/AIDS. The study focuses on the barriers to parents' involvement in the HIV/AIDS education of their children. It is hypothesized that barriers may include a culture of silence, traditional values and norms that people hold on to for the protection of their interests, cultural beliefs, and also because of some misconceptions.

## **1.4 Research question**

The main research question for this study is: what are the barriers to parents' involvement in the HIV/AIDS education of their children? The sub-research questions are:

How can parents improve on effective sexuality communication with their children especially on issues concerning HIV/AIDS?

- What is the level of parents' awareness of the roles they should play in HIV/AIDS education of their children?
- What can be done to overcome sexuality communication barriers between parents and their children?
- How can parents monitor what their children learn about sexuality from other sources such as peers, community and school?

## **1.5 Aim and objectives**

### **1.5.1 Aim**

The aim of this study was:

To investigate the barriers preventing parental involvement in HIV/AIDS education of their children in order to contribute to the reduction of HIV transmission among adolescence.

### **1.5.2 Objectives**

The objectives for this study were:

- To establish the type of relationship that exists between parents and their children.
- To find out the level of the parents' engagement with their children on the issue of HIV/AIDS.
- To establish barriers preventing parental engagement with their children on the issue of HIV/AIDS.
- To provide guidelines to help overcome barriers preventing parental engagement with their children on the issue of HIV/AIDS.

## **1.6 Significance of the study**

The knowledge acquired from the study may be used to increase awareness of barriers that prevent parents communicating with their children and to recommend possible ways to overcome them.

This study is significant in that it will benefit parents, the community and the nation at large. Parents and the community in general may benefit in that the HIV incidence levels may drop. The nation at large will benefit because any resultant drop in HIV infections will a mean healthier young workforce for the labour market, which in turn will have implication for productivity and the national gross domestic product (GDP). The study intends to achieve this by raising awareness of the need for parents to be involved in HIV/AIDS education of their children.

## **Chapter Two**

### **2. Literature Review**

#### **2.1 Introduction**

It is my hope that a day will come when all parents will be able to freely engage in an open dialogue with their children on issues of HIV/AIDS.

Studies have shown that the HIV/AIDS pandemic continues to have huge impact on the lives of many people, as well as the economy of many nations across the world (UNAIDS report, 2012). Many families are still faced with challenges of how to tackle issues that pertain to HIV/AIDS, especially where these issues may involve their children.

The issues of disclosure by infected parents and engagement in open discussions, particularly in a family set-up are limited, and often a parent may eventually die without having disclosed or discussed with other family members that he or she was dying because of HIV/AIDS. Identifying factors that are possible barriers to the non – involvement of parents in discussions with their children on issues relating to HIV/AIDS may help bring about a positive climate.

The seriousness of the HIV/AIDS epidemic calls for compelling urgency from all the stakeholders; civic society, governments, parents and their children to a renewed commitment to the fight against HIV/AIDS (Oluduro, 2010: 14).

#### **2.2 HIV/AIDS and young people**

Most young people in Zimbabwe, like in other parts of the world, are at a very high risk of contracting HIV infections (Buthlezi, 2013: 5). The active involvement of parents in the discussion of HIV/AIDS with their children will, in author's view, go a long way in equipping children with the necessary information and awareness needed to cope with the epidemic.

### **2.3 HIV/AIDS and religion**

In as much as HIV/AIDS knows no religion, most parents have held rigidly to their religious beliefs and practices, in the belief that the discussion of such issues would be interpreted as encouraging young people to engage in sexual activities (Campbell & Lubben, 2003).

### **2.4 Home-based HIV/AIDS education**

Buthelezi (2013) cites Kirby *et al* (2006), as having made observations that young people who attended curriculum and group-based sex and HIV/AIDS education programmes showed the positive impact of the programmes on their sexual behaviours and the way in which they responded to HIV/AIDS issues (Buthelezi, 2013:11).

Young people are able to make informed decisions if they are well equipped with information. The creation of a conducive environment at home, where parents and their children can freely discuss HIV/AIDS issues, along with prevention and care, may help to make children want to participate in curbing the epidemic.

### **2.5 HIV/AIDS and culture**

Culture dictates certain expectations, ways of doing things and certain ways of behaving. It dictates moral and cultural values, and imposes certain ethical values and norms (Kouinche *et al.*, 1998: 119). Cultural expectations create certain pressures on people of certain groupings. According to Goethal & Darley (1977), the social comparison theory, states that people will behave in certain ways in order to socially conform to the cultural expectations of the society they find themselves in. These cultural expectations put people under pressure to fulfill those expectations. Some of the cultural expectations meant well to the society in the context and settings in which they were originally founded. For example, in some cultures it is a taboo for the father in the house to be found sitting together with his female children discussing issues pertaining to sexuality and wellbeing.

Literature shows that some people still believe that it is culturally acceptable and expected that young men are supposed to have had several sexual relations with women, well before they had even thought of getting married (Moyo & Muller, 2011). This practice was conducted in order

for the young men to prove their manhood. Most parents, whose knowledge of HIV/AIDS is scant, may still believe in this out-dated cultural belief, and find it difficult to be involved in discussions with their children concerning HIV/AIDS education. In order to be socially conformed, some parents may have found themselves being perpetrators of this cultural practice, which exposes young people to contraction of the HIV virus.

The culture of silence has also been noted as the silent catalyst for the increase in HIV/AIDS in under-developed countries and in most poor communities (UNAIDS/WHO, 2004). As has been mentioned earlier, some cultures find it unacceptable that fathers should sit together with their children and have conversations of any nature, let alone discussions of matters pertaining to sexuality.

The practice of polygamy gave men more powers over women and to be able to dictate to them when to have sex with or without protection (Moyo & Muller, 2011). Some cultures will find it difficult to sell away this privilege by promoting modern or ‘western’ marriage custom of one man one wife.

From the <sup>\*</sup>*Shona* cultural point of view, mothers are expected to spend their time with the children, raising them up. Research has found out that two parents are better than one, and that children brought up by both father and mother tend to benefit more socio-economically than children raised by single parents (Hobson *et al.*, 2002: 21). Traditionally, fathers have assumed the roles of providing for shelter, food and ensuring ‘safety’ of the family. In order to ensure better safety and sexual health of their children, it is the opinion of researcher that fathers should assume a joint responsibility with mothers, in family matters, by actively getting involved in the sex education of their children.

Research has shown that because culture is dynamic, there is need to recognize that fatherhood is a sociocultural phenomenon that is fluid in response to the changes in family structures, their belief systems and ideologies (Lupton *et al.*, 1997).

Studies from research indicate that there is a progressive cultural divide between the historical and contemporary perceptions and practices with regard to what society views as appropriate fatherhood roles and a father's involvement in the socio-cultural well-being of his children (Arnett, 1995: 617).

Fathers, as heads of families, have more than a universal leadership role to play that transcends the expectations of individual cultural contexts and settings. Lamb (2010: 24) talks about the pervasive nature of paternal involvement in sexuality of children, and that this is ushering in a new dispensation of fathers from the cultural point of view. Sexuality communication should therefore be embraced and embodied within the multiple aspects of fathering children.

## **2.6 HIV/AIDS and poverty**

Studies have shown that in sub-Saharan Africa, poverty has been the main driver of economic inter-city and regional migration, commercial sex work and early marriages. These are among the many vehicles that have caused the spread of HIV/AIDS (Hobson *et al.*, 2002: 21). Parents may be eager to engage themselves in matters of HIV/AIDS education, but the actual daily survival activities may supersede such intentions.

Many women provide commercial sex work services out of desperation (Moyo & Muller., 2011). Hunger will inevitably take precedence over integrity.

Some parents from poor families actually encourage their children to have sexual affairs with married men in return for food. Young girls get betrothed to elderly men who might already be married to three or four other wives (Richter, 2002: 18). Debates and controversies from research show that economic hardships tend to compromise on moral and ethical value systems of people (Izugbara, 2008: 617).

A household with a father living with them is better taken care of than one without a father in residence (Desmond *et al.*, 2006: 228). Migrant work has forced many families to be headed by a single parent, often the mother, as many men migrate to distant cities, towns and sometimes even to regional countries in search of employment opportunities. Children growing in families

affected economic migration will miss the fathers' protection, his influence on decision-making issues and his position in the community (Guma *et al.*, 2004). The economic separation of families makes it difficult for parents, especially fathers to be actively involved in matters concerning communication with their children on matters of sex. Sexuality communication is not an event, it is a practice that should be ongoing to ensure its effectiveness by monitoring and evaluation (Kouinche *et al.*, 1998: 108).

Income levels of male partners in a relationship may cause men not to take up a fatherly position in a family for fear of failure to live up to the family's expectations of what a father should do. In most cases, it is men in high income levels who are found staying with their families (Desmond *et al.*, 2006).

## **2.7 HIV/AIDS and politics**

Political instability, brought about by civil war of whatever magnitude, causes social disruptions that make it inevitably difficult for families to raise up their children together (Parker *et al.*, 2000).

Civil wars can cause most young men to be away from their families. Even on returning, some men find it difficult to automatically resume their fatherly roles after a long time away. The experience of war is a further hindrance to effective communication between father and family, particularly his children.

Research has shown that governments have played a role in making the position of a father in a family to be significant. The father is required to give recognition of the child so that the latter can be statutorily registered in the name of the father (Giese *et al.*, 2007). Statutory instrument recognizes the role of fathers in up-bringing of their children.

Studies show that governments can formulate policies that put fathers in the forefront of a household as the resource for that family, and provide support structures to help fathers to be able to stay with their families in order to provide love and support for them (Featherstone, 2003).

## 2.8 HIV/AIDS demographic barriers to effective communication

Marriages come with responsibilities. Research has shown that most teenage pregnancies culminate in either abortion or single parenthood (Izugbara, 2008: 578). Age can be a demographic barrier to a young father's involvement in the communication with his children on issues related to sex and sexuality.

Most young men who would have just left school are often in no financial position to take care of the family and therefore become "unavailable" to them. Debates and research on the impact of ethnicity as a demographic barrier to a father's involvement in the HIV/AIDS education of their children has been contradictory (Featherstone, 2003). The *Thumbuka* is an ethnic tribe of people in Malawi, the *Thumbuka* people believe that children belong to the mother (Desmond, 2000). Such cultures therefore limit the involvement of fathers in issues concerning the sexual education of their children. The payment of lobola (bride price) in some African cultures is a further barrier to would-be fathers. If the bride price has not been settled, a father is not recognized by his in-laws until lobola is paid for in full.

## 2.9 HIV/AIDS and health barriers to effective communication

Health is not only the absence of diseases from a person's body, but also the physical, social and psychological well-being of an individual (Bastien *et al.*, 2011). Research has shown that knowledge of HIV/AIDS is not adequate enough to enable parents to confidently articulate matters concerning HIV/AIDS education and awareness (Arnett, 2007: 23). If parents' knowledge of sexual and reproductive health is lacking, teaching their children about the topic becomes problematic. Walker & Milton (2006), explain that the duty to disseminate sex education should not be confined to certain groups of individuals. This means that parents should not be limited by their lack of adequate knowledge on sexuality education, but should engage and learn more about HIV/AIDS education themselves. The knowledge of HIV/AIDS also includes the knowledge of the facilities within the area that are available to the local community offering them information (educational campaigns and other resources), health and recreational facilities among other assets (Mhora, 2012).



### **2.10 Environmental barriers to effective communication**

Research studies have shown that it is not enough to accumulate knowledge on HIV/AIDS its existence, transmission and prevention (Campbell & Lubben, 2003). The authors explain further that the transmission of HIV infection goes beyond the limitation of sexual behavioural factors. Environmental and contextual factors leading to the person indulging in risky sexual behavior resulting in the transmission of the HIV infection have to be taken into account (Kelly & Parker, 2000).

### **2.11 Conclusion**

Having reviewed literature on the subject, it can be seen that there are many social, economic and cultural factors that may account for the fact that parents do not talk about sex and sexuality to their children. The researcher now proposes to examine the methodology employed to explore the subject more closely, in relation to a high density population in a township in Zimbabwe, as outlined in Chapter 1.

## Chapter 3

### 3. Research Methodology

#### 3.1 Introduction

This research study sought to find out the possible barriers preventing parents from involving themselves in the HIV/AIDS education of their children. The researcher wanted to investigate the barriers of parents, whether as couples or as single mothers and fathers. All ethical considerations were followed and ethical clearance was received from the Research Ethics Committee (REC).

#### 3.2 Research design and method

In this study, a quantitative research approach was used. A questionnaire and a detailed interviewer-administered survey, with well-structured questions was used as a research instrument for the collection of data from a selected population of parents, who mainly resided in Mandava high density residential township.

#### 3.3 Choice of study area

Mandava was selected as the site for the research study because the researcher grew up in Zvishavane Mining Town and saw Mandava township develop. Furthermore, the researcher observed young people, of school going age, engaging in various activities including commercial sex, vending and cleaning at the Mandava Central Business Market commonly known as Mandava Rank.

#### 3.4 Selection of target population

The inclusion criteria used in the selection of the target population was the following: parents residing in Mandava Township, Zvishavane, Zimbabwe; such parents had to have children between the ages of 14 and 18 and probably younger in 2013; fifty such families were selected.

Selection of participants was random, through referrals by other parents (snowballing techniques). Participants who were not readily available but who showed an interest in

contributing to the research and to have their voice heard, were given an opportunity to do so by arranging with the researcher appointments for appropriate dates and times that were suitable and convenient for the participants.

### **3.5 Data Collection**

Parents were interviewed separately to avoid possible clashes of views and opinions and to afford all participants the freedom to express their sentiments without fear or favour. Nevertheless, participants who felt they wanted to collectively participate in the interview with their partners, so as to help one another with additional information, the researcher had no problem with their choice, but took note that the responses had been answered collectively.

A survey by means of a questionnaire using structured interview questions was used as data collection method. This was an interviewer-administered survey, where the researcher read out the questionnaire to the respondents and recorded the answers. When reading questions to participants, the researcher exercised caution not to lead the respondents to particular responses.

### **3.6 Confidentiality**

The researcher assured participants in this study that: participation was voluntary; there would be nothing that was going to be used that would identify them with their responses; the collected data was only able to be accessed by the researcher. Respondents were also assured that the discussions were confidential.

### **3.7 Conclusion**

The methodology, as outlined above, now allows us to look at the research that was conducted at Mandava Township, the data that was collected and to analyse the results.

## ***Chapter 4***

### **4.1 Data analysis**

A quasi-statistical data analysis method focusing on the respondents giving similar opinions on particular questions was used in the analysis of data for this research study. Responses of participants to the questions were recorded according to whether they: Strongly agreed; Partially agreed; Not sure; Did not agree; Strongly disagreed.

### **4.2 Interview Results**

Out of the 75 participants interviewed, 50 were married couples or partners. Of these, 30 were mothers and 20 were fathers, who had managed to secure an opportunity to participate in the research study. The remaining 25 participants that were interviewed were single parents, (of which 10 were single fathers and 15 were single mothers).

All participants were residents of Mandava Township. Some were parents who were employed in various economic sectors (such mining, farming, vending, banks and shops) whereas others were either self-employed or unemployed and did odd jobs to earn a living, in order to support their families.

Of the 20 married men who were living with their families, nine indicated that they often engaged with their children on discussions pertaining to HIV/AIDS issues, five said that they seldom engaged with their children, and six answered that they had never engaged their children in dialogues on HIV/AIDS. This result is summarized in table 1.

*Table 1: Frequency of married fathers who have had HIV/AIDS conversations with their children.*

Observed variable	No.	%
Married fathers who often had conversations with their children	9	45
Married fathers who seldom had conversations with their children	5	25
Married fathers who never had conversations with their children	6	30
Totals:	20	100

Out of 30 married women who were living with their husbands and children, more than half, eighteen, stated that they often had conversation with their children on issues pertaining to HIV/AIDS. Married women felt that they were able to engage with both male and female offspring in conversation pertaining to HIV/AIDS. They said the presence of the father in the house gave them confidence, knowing that the husbands were there, even when their husbands never got actively involved. Nine married mothers said they seldom engaged in conversation with their children on issues related to AIDS. Three married mothers indicated that they did not recall having any conversation with their children with regards to HIV/AIDS.

The following is a table summarizing the responses of married women as to how often they engaged their children in conversations on issues concerning HIV/AIDS.

*Table 2: Frequency of married mothers who took the time to engage in HIV/AIDS conversations with their children.*

Observed variable	No.	%
Married mothers who often had conversations with their children	18	60
Married mothers who sometimes engaged with children	9	30
Married mothers who never had conversations with their children	3	10
Totals:	30	100

Among the 75 participants interviewed 25 were single parents, of these 18 were single mothers and seven were single fathers. The single parents who were interviewed, all agreed that they faced serious challenges in bringing up their children as single parents. Table 3 summarizes the outcome. It shows that of the 15 single mothers, 66.7 % (ten single mothers) often had an opportunity to engage with their children in conversation relating to HIV/AIDS. All single mothers indicated in their responses that they do engage with their children in discussing HIV/AIDS issues, whenever opportunities for such discussions arose. However 33.3 % of the single mothers said that they did so, but seldom. None of the single mothers indicated that they never engaged with their children on issues pertaining to HIV/AIDS.

*Table 3: Frequency of single mothers who took the opportunity to engage with their children in HIV/AIDS related conversations.*

Observed variable	No.	%
Single mothers who often had conversations with their children	10	66.7
Single mothers who sometimes engaged in conversations with their children	5	33.3
Single mothers who never had conversations with their children	0	0
Totals:	15	100

The single mothers also indicated that, although the relationship between them and their children was good, it was sometimes strained. They believed that their children thought that single mothers were a bit manipulative of them because of their being single mothers.

Table 4 shows that out of the ten single fathers interviewed, eight (80 %) indicated that they often engaged with their children in conversation pertaining to HIV/AIDS. Although the results indicate that all the single fathers engaged in conversations with their children on issues pertaining to HIV/AIDS, two single fathers (20 %) indicated that they seldom did so.

*Table 4: Frequency of single fathers who took the opportunity to engage with their children in HIV/AIDS conversations.*

Observed variable	No.	%
Single fathers who often had conversations with their children	8	80
Single fathers who sometimes engaged in conversations with their	2	20

children		
Single fathers who never had conversations with their children	0	0
Totals:	10	100

Out of the 75 participants interviewed 35 (46.7 %) were young parents below the age of 50, and included both married and single parents, mothers and fathers. Young parents who often engaged with their children in HIV/AIDS conversations constituted 62.9 % of the respondents (22/35 participants), whereas those who seldom engaged with their children in HIV/AIDS discussions totaled eight participants or 22.9 %. Five of the 35 young parents indicated that they never engaged themselves with their children in discussions pertaining to HIV/AIDS.

*Table 5: Frequency of younger parents who took time to engage with their children in HIV/AIDS conversations.*

Observed variable	No.	%
Young parents who often had conversations with their children	22	62.9
Young parents who sometimes engaged in conversations with their children	8	22.9
Young parents who never had conversations with their children	5	14.2
Totals:	35	100

There were twenty-five (33.3%) middle-aged parents out of the 75 participants. Middle-aged parents, according Wikipedia, the free encyclopedia, starts at age 50 or 53. Out of the twenty-five middle-aged parents, sixty percent (15 participants) were parents who often engaged with their children in HIV/AIDS discussions, eight (32 %) seldom engaged with their children in



HIV/AIDS conversations. Only eight percent (two participants) had never engaged with their children in HIV/AIDS discussions.

*Table 6: Frequency of middle-aged parents who took the time to engage with their children in HIV/AIDS conversations.*

Observed variable	No.	%
Middle-aged parents who often had conversations with their children	15	60
Middle-aged parents who seldom had conversations with their children	8	32
Middle-aged parents who never had conversations with their children	2	8
Totals:	25	100

Out of the 75 participants interviewed in the survey, the results in the frequency table show that a total of fifteen participants (20 %) were elderly parents. Wikipedia, the free encyclopedia, defines elderly age by citing WHO, as the age group of people from 60 to 65 years in Western Europe, and over 70 in other countries.

Sixty-six point seven percent (ten elderly parents) indicated that they often engaged with their children in HIV/AIDS discussions. Five of the twenty-five elderly parents (33.3 %) indicated that they seldom engaged in conversation with their children in issues pertaining to HIV/AIDS. None of the elderly people stated that they had never engaged with their children on matters relating to HIV/AIDS.

*Table 7: Frequency of elderly parents who took the opportunity to engage with their children in HIV/AIDS related discussions.*

Observed variable	No.	%
Elderly parents who often had conversations with their children	10	66.7
Elderly parents who sometimes engaged in conversations with their children	5	33.3
Elderly parents who never had conversations with their children	0	0
Totals:	15	100

### 4.3 Demographic distribution

The researcher found that demographically, attendance and the level of parental involvement in the HIV/AIDS education of their children, was skewed in favour of: women; the elderly; and the educated. Women said they had to overcome most of the barriers preventing parental engagement with their children in issues pertaining to HIV/AIDS. Cultural beliefs and practices were some of the barriers women had to overcome in order to be able to engage meaningfully in the HIV/AIDS education of their children.

The respondents indicated that parents who were educated felt more confident to discuss issues of HIV/AIDS, but they were quick to clarify that the absence of education did not mean parents could not discuss or guide their in matters of HIV/AIDS. The survey showed that the elderly engaged with their children dutifully in teaching them about issues relating to HIV/AIDS education and sex.

#### 4.3.1 Gender distribution

The sample population comprised of 45 women and 30 men who participated in the research study.

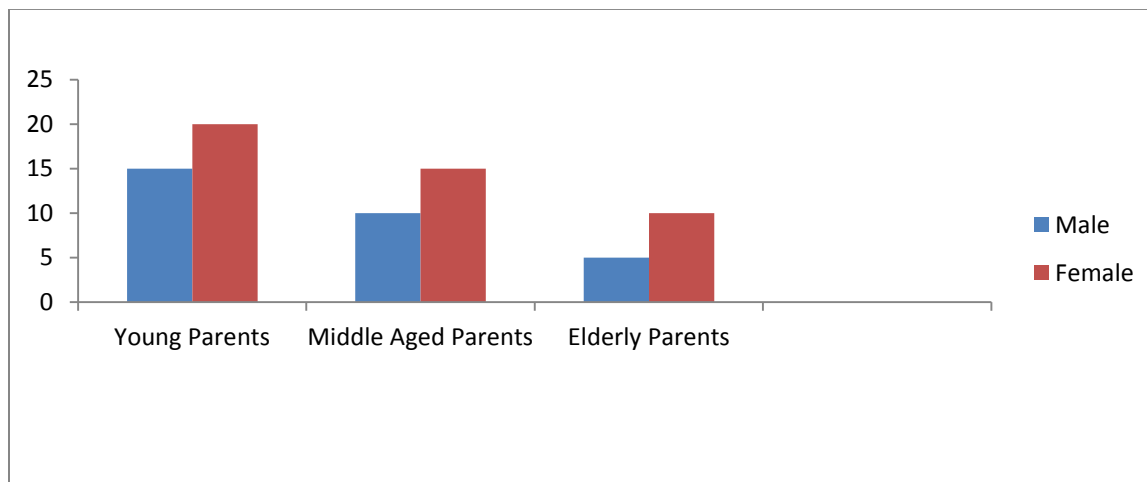


*Figure 1: Demographic distribution by gender*

#### 4.3.2 Age distribution

The demographic distribution by age of the participants included young parents who were above the age of 21 and below 50, the middle aged parents who were above the age of 50 but below the age of 60 and elderly-parents those above 60.

Figure 2 shows that of the 75 participants, thirty-five were young parents and of these, twenty-two participants (62.7 %) indicated in their responses that they often engaged with their children in discussions pertaining to HIV/AIDS issues as indicated in Table 5. The vertical axis in figure 2 represents the total number of participants interviewed in each age group.

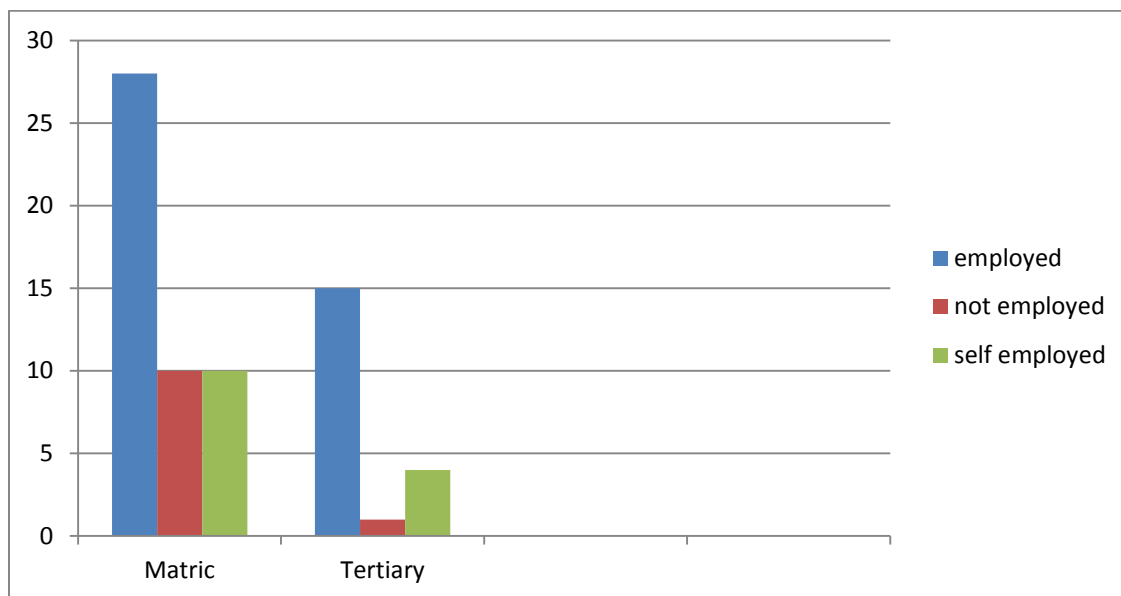


*Figure 2: Demographic distribution by age of respondents.*

### 4.3.3 Educational level

Findings showed that the level of education helped mainly younger parents to overcome barriers such as shyness, to articulate matters relating to HIV/AIDS to their children. However, lack of education was not barrier on its own. Respondents indicated that education did not mean academic education only, but also the acquisition of knowledge through awareness programmes, social gatherings, and so on. In other words, all these forums added value to the knowledge base of an individual.

Figures on the vertical axis of figure 3 represent the total number of respondents who either had a matric or tertiary education. The findings also indicated that being employed gave parents some confidence in educating their children on issues of HIV/AIDS. However, respondents were quick to point out that employment status was not an exclusive factor to the parents' ability to engage with their children on matters relating to HIV/AIDS.



*Figure 3: Demographic distribution of respondents by educational qualification*

#### 4.4 Discussions of the findings

##### *Introduction*

The findings from the research concur with the literature review, by and large. Research findings show that some parents do not engage with their children on issues of HIV/AIDS. It is however encouraging to note from the research study, the fact that efforts are being made, through different programmes, and by using different platforms to educate people and that these are bearing fruit (Walker & Milton, 2006: 34). The report further states that, HIV/AIDS awareness programmes were bearing fruit in the form of increased HIV/AIDS knowledge and behavioural change. Respondents however have come up with recommendations and suggestions as to how parents may overcome some of the barriers to the parental non-involvement in HIV/AIDS discussions with their children.

In the questionnaire the phrase nuclear set-up for a family was explained to the respondents as referring to a family that was a single entity, meaning no step children or step parents. Findings showed that non-nuclear families had challenges when it came to teaching children moral values and preparing them with skills for life. However, respondents indicated that in families with step parents members of households got along very well.

Participants who were randomly selected had different views relating to discussing issues of a sexual nature with children. The research study was welcomed in reminding parents of their duty to educate their children on the issues relating to HIV/AIDS.

##### *Views from married couples*

Respondents indicated that married couples staying together in nuclear families are better equipped to engage themselves with their children in HIV/AIDS discussions, as shown by the results in Table 1 and Table 2. These results show that 45 % (nine participants) of the interviewed married fathers and 60 % of the interviewed married mothers indicated that they often engaged with their children in HIV/AIDS discussions.

However, it is also evident that some married parents seldom engaged with their children in HIV/AIDS discussions and these constituted 25 % (5) fathers and 30 % (9) mothers. Only a small percentage of the interviewed fathers and mothers indicated that they never engaged with their children in HIV/AIDS discussions, and these figures were 30 % (6) and 10 % (3) respectively.

The parents cited work and economic hardships as some of the constraints that preventing them from engaging in meaningful HIV/AIDS discussions with their children. They also indicated that migrant work was a barrier to their having discussions with their children on HIV/AIDS issues, since parents spent most of their working life away from their families.

#### *Results from single parents*

The survey results, Table 3 and Table 4, also show findings from single parents. Out of the 25 single parents interviewed, 15 (60 %) were single mothers, and of these 66.7 % (10) indicated that they often engaged with their children in HIV/AIDS discussions, 33.3 % said they seldom engaged with their children in such discussions. In other words, all single mothers indicated that they discussed HIV/AIDS with their children. Single mothers expressed that inasmuch as they faced disciplinary challenges bringing up their children as single parents, they had to sacrifice and teach their children about HIV/AIDS, rather than have to suffer the burden of caring after a sick child.

Table 4 shows that of the 25 interviewed single parents, 10 (40 %) were single fathers of which 80 % (eight) indicated that they often engaged with their children HIV/AIDS discussions, 20 % (two) stated that they seldom engaged with their children in HIV/AIDS conversation. There were no single fathers who failed to discuss HIV/AIDS with their children.

#### *Views from young parents*

Young parents constituted the majority of the participants interviewed in this research study. Out of the 75 interviewed participants, 35 (46.7 %) were young parents. The majority of these, 62.9 % (22) indicated that they often engaged with their children in HIV/AIDS discussions and that there existed a good relationship between them and their children. 22.9 % (8) stated they seldom

engaged with their children in HIV/AIDS discussions and 14.2 % (5) indicated that they had never engaged with their children in conversations pertaining to HIV/AIDS. 62.9 % is an encouraging figure, suggesting that the negative perceptions about HIV/AIDS, as pointed out by the participants can be easily overcome if parents are invited to actively participate in some of the HIV/AIDS awareness and educational programmes. These parents showed their appreciation for being able to participate in the research study and expressed a hope that it would be an on-going exercise. They also expressed a preparedness to change the way that parents viewed the infection of HIV and their willingness to become further involved in HIV/AIDS discussions with their children.

Participants indicated that it was not always enough for people to have information about HIV/AIDS but that they should be able to use the knowledge they would have acquired from different educational programmes.

*Results from middle-aged parents* Table 6 shows that of the 75 interviewed participants, 25 (33.3 %) were parents who were middle-aged, and of these 15 (60 %) stated that they often engaged with their children in HIV/AIDS discussions. Furthermore, they said that though the relationship with their children could not be said to be too friendly, it could be said with certainty there was trust and that their children looked up to them for leadership, guidance and mentorship. Out of the 25 middle-aged parents, 32 % (eight) stated that they seldom engaged with their children in relation to HIV/AIDS discussions, and only 8 % (two) indicated that they had never engaged with their children.

From the interview it became apparent that parents felt that from the *Shona* cultural point it was not suitable for parents to sit down with their own children and discuss issues concerning sexuality. These findings concurred with the literature research (Tenkorang & Obeng, 2012). According to *Shona* people and their culture, which is the majority tribal grouping in Zvishavane, there are special people - the *tetes* (aunties) and *sekurus* (uncles) - who have a special responsibility to discuss issues of sexuality with mature children, but only when they are ready for marriage. Parents indicated that with the advent of HIV/AIDS, it was imperative that

they overcame this socio-cultural barrier that limited their involvement in HIV/AIDS discussions. This further concurs with the findings by Tenkorang & Obeng, 2012.

#### *What elderly parents say*

Table 7 shows that 15 (20 %) of the 75 interviewed participants were elderly parents most of whom were also grandparents. It is not surprising that the table of results shows a high frequency of 66.7 % (10 participants) of the interviewed elderly parents indicating that they often engage with their children, including their grandchildren, in HIV/AIDS discussions. Respondents indicated that, according to the African *Shona* culture it is the elderly people, the *sekurus* (uncles) - who are looked upon to offer guidance on social and cultural matters. These findings concur with that of Arnett (1995) that knowledge of HIV/AIDS empowers parents to levels that may be able articulate issues pertaining to the disease with confidence. Therefore HIV/AIDS education and awareness should be an on-going exercise.

Parents also indicated (concurring with a study undertaken by Walker & Milton, 2006) that the duty of information dissemination on HIV/AIDS and sex education should not be left to government, NGOs and schools alone, but that parents too should overcome whatever barriers that hinder them from actively engaging with their children in relation to HIV/AIDS.

#### **4.5 Conclusion**

The findings have shown that the age of parenthood on its own is not a barrier, but that it could play a role in some circumstances, for example where parents have divorced, and education level is low, and unemployment is high. These were the views of participants. They also emphasized that every situation was different from one parent to the other and that these factors would affect them differently.

These findings have also shown that more females than males do engage with their children in issues pertaining to HIV/AIDS. Therefore it would appear that the gender of the parent can be said to make a slight difference in relation to whether or not they are able to engage with their children on matters relating to sex education.



The age of a parent too would seem to make a difference, with younger parents and older parents appearing to be more open to discussions. However, middle-aged parents are perhaps a bit more conservative and less open to talking about HIV/AIDS. Culture also appears to be a factor in preventing discussions on sex. These findings surely point to areas that need to be addressed in terms of HIV education.

## Chapter 5

### 5. Limitations, Recommendations and Conclusion

#### 5.1 Introduction

This research study was carried out in order to establish the possible barriers to the lack of parental involvement in HIV/AIDS conversations with their children in Mandava township District of Zvishavane, Zimbabwe. The intention of the researcher was to find out from the participants how often parents engaged with their children and to try elicit from the parents possible factors that hampered their involvement.

The aim of the study was ultimately to contribute to the reduction in HIV transmission among adolescents.

*Discussion of the results in relation to the aim of the research study.*

The research findings show that most parents are engaging in discussions of HIV/AIDS issues with their children. Participants indicated that they discussed issues pertaining to:

- Dating: where parents said that they encouraged their children to delay sexual relationships and concentrate more in their education.
- HIV testing: where parents discussed the advantages of early testing and taking up early treatment for those who tested positive.
- Condom use: participants indicated that this issue had to be dealt with carefully because children could misinterpret it to mean that their parents were saying it was proper for their children to have sex, as long as they used condoms.

Discussions also included possible ways in which HIV could be transmitted which included transferring of bodily fluids such as semen and blood from one person to other (Featherstone, 2003). These fluids could be transferred, among other ways, through sexual intercourse, blood transfusion, and injections. Discussions did not focus on other ways of transmitting HIV such as injecting drugs, neither did discussion include topics on mother to child transmission (MTCT).

Parents however indicated that they often brought up the discussion of HIV/AIDS when warning their children after having observed or suspecting that their children could be having sexual relationships. They also concurred with the thesis by Kelly & Parker, 2000, that parents play critical role in the HIV/AIDS education of their children. It is therefore imperative that parents engage in discussions with their children, rather than wait for an incident which might put their child at risk from contracting HIV/AIDS.

A small percentage of interviewed parents however, indicated that they never themselves raised the issue of HIV/AIDS with their children. As a result of the study however, they said that they would embrace change and accept that HIV/AIDS was not a myth, but a reality with the potential to wipe out generations.

## **5.2 Limitations of the study**

The research was conducted in the months of November and December, a time of the year when business is brisk and most parents are busy preparing for the Christmas holidays. Participants are therefore hard pressed for time. This factor reduced the targeted number of participants from one hundred and fifty, to seventy-five respondents. The smaller population sample possibly limited the opinions and responses, which might have been expected from a larger population sample. Some of the respondents cancelled appointments at the last minute, which meant that the researcher had to reschedule meetings, which caused budgetary problems, in terms of travelling expenses to and from the site.

The researcher had to be flexible and fit within the schedules of most of the participants, and that meant working after hours, when some respondents were home from work. The other limitation of the study was the fact that the research was conducted in one high density township, which may not be representative of the population at large and therefore the results cannot be said to be generalizable.

Respondents were given assurance that their identity was confidential. Despite this assurance however, participants could have manipulated some of their responses to make those responses acceptable in the eyes of the researcher.

### **5.3 Recommendations**

#### *Workshops*

Workshops would be a way in which to get parents involved in the dissemination of HIV/AIDS education and awareness within the community. It is recommended that Zvishavane Town Council initiate an education programme to make parents more aware of HIV/AIDS.

#### *Recognition of parents as educators*

Parents play an important role in society in giving guidance to children. It is recommended that parents should be recognized as non-formal educators, so that they have an input in drafting school curricula to give effect to the importance of HIV/AIDS education.

#### *Health programmes*

It is recommended that parents be provided with comprehensive information on HIV/AIDS so that they are able to engage with their children in relation to this and other health issues, such as sexually transmitted infections.

### **5.4 Conclusion**

This research study was carried out in order to establish barriers to parental involvement in engaging themselves with their children in HIV/AIDS issues. Research findings show that most parents - young, middle-aged and elderly - did in fact engage on this issue with their children. However, as parents indicated (and the research demonstrates) if more knowledge on HIV/AIDS is provided to parents, they can become much more effective educators of their children.

The cultural taboos in the Shona culture are no longer as strong a hindrance to the engagement of parents with their children on the issues of HIV/AIDS, as they were prior to the wide spread of HIV/AIDS educational programmes. Further education and training of parents on HIV/AIDS awareness will help to tackle the remaining cultural taboos. The lead can be given by tribal chiefs and community leaders.

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## Appendix 1: Questionnaire

### INTERVIEWER ADMINISTERED QUESTIONNAIRE

#### *[Introduction]*

#### **A.**

1. Can you tell me something about your family, whether you are a single parent or are married and staying with your family in a nuclear set-up? [Nuclear family explained to respondents as implying a family with no step parents].

#### *[Follow up questions.]*

2. Could you describe for me what type of relationship you would say exists between your children and yourself as a parent?

#### *[May have to probe for more information]*

3. What would you say affects how you relate with your children on a daily basis?

#### *[Follow up questions]*

4. Is there a family or parent that you would say you admire for the way in which they relates with their children?

#### **B.**

5. What are your opinions concerning the engagement of parents with their children on the issue of HIV/AIDS?

#### *[Probe further]*

6. How are you, as a parent, affected by the limited or non- involvement of parents with their children on the of issue HIV/AIDS?

#### *[To look out for non-verbal messages indicating possible first-hand experience]*

#### **C.**

7. What would say are your opinions on the possible barriers that prevent parents from engaging with their children on HIV/AIDS issue?

#### *[Follow up questions]*

8. How have these barriers preventing parents from engaging with their children on HIV/AIDS issues?

**D.**

9. What would you as a parent, suggest as a way to help parents overcome the barriers preventing parental engagement with their children on the issue of HIV/AIDS?